



Carson City Planning Division

108 E. Proctor Street
Carson City, Nevada 89701
(775) 887-2180 – Hearing Impaired: 711
planning@carson.org
www.carson.org/planning

MEMORANDUM

Liquor License Meeting 05/30/2018

TO: The Hearings Officer

FROM: Mariah Ziegenbein
Business License Specialist

DATE: May 10, 2018

SUBJECT: Liquor License: Gather (Liquor License #18-32421) 402 N Carson St

Recommendation: To approve a Combination Packaged and “On-Premise” liquor license for Punky Monkeys, LLC doing business as Gather at 402 N Carson St. with Angela Bullentini Wolf as the liquor manager subject to the following conditions of approval:

1. The applicant must sign a sworn affidavit consistent with CCMC 4.13.060 regarding a server training course.
2. Served alcohol must come from approved sources
3. No changes to the bar set up may be made without approval from the health authority

Per Carson City Municipal Code 4.13, all liquor license requests are to be reviewed by the Hearings Officer. The Hearings Officer may grant or deny the application for a liquor license or place conditions on a license to ensure compliance with the Municipal Code. The Hearings Officer considers the recommendation of the Sheriff’s office and the Health Department in making his decision.

The subject request is to allow Punky Monkeys, LLC doing business as Gather to have a Combination Packaged and “on-premise” liquor license, with Angela Bullentini Wolf as the liquor manager. The applicant is opening a full service restaurant. The business is located at 402 N Carson St.

This request has been reviewed by both the Health Department and the Sheriff’s Office. The Health Department inspected the premises and is recommending approval based on the conditions above being met.

The Sheriff’s office conducted a background check and did not find any disqualifying information based on CCMC 4.13.125.



CARSON CITY LICENSE APPLICATION

Business License #:

BL: 18-32099 LL: 18-32421

Please type or print in black ink. Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Submittal Date: 1/9/2018

1	<input checked="" type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Corporate Officer	<input type="checkbox"/> Other
2	Type of License(s)	<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input type="checkbox"/> Liquor
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company
				<input type="checkbox"/> Non-Profit	

4	Entity Name	PINKY MONKEYS, LLC			5	Business Opening Date	Spring 2018 April	
6	Business Name (DBA)	GATHER			7	EIN #	82-1188098	
8	Business Address	402 N. CARSON ST.	City	CARSON CITY	State	NV	Zip Code	89701
9	Mailing Address	2557 Fern Meadow Circle	City	CARSON CITY	State	NV	Zip Code	89703
10	Corporate Phone	NONE	Business Phone	(775) 220-8919	Cellular Phone	(775) 220-8919	Business Fax	NONE
11	E-mail Address	ANGELA@GATHER.CC.COM			Business Website	GATHER.CC.COM		

12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required						
	Last, First, MI	Percent Owned	Title				
	BULLENTINI WOLF, ANGELA D.	100%	OWNER/MANAGER				
	Residence Address (Street)	City, State, Zip	Residence Telephone				
	2557 Fern Meadow Circle	CARSON CITY, NV 89703	(775) 220-8919				
	Last, First, MI	Percent Owned	Title				
	Residence Address (Street)	City, State, Zip	Residence Telephone				
	Last, First, MI	Percent Owned	Title				
	Residence Address (Street)	City, State, Zip	Residence Telephone				
	Liquor Manager (if applicable)	<input checked="" type="checkbox"/> On-Site	Contact Phone Number				
	ANGELA BULLENTINI WOLF	<input type="checkbox"/> Off-Site	(775) 220-8919				
	Residence Address (Street)	City, State, Zip					
	2557 Fern Meadow Circle	CARSON CITY, NV 89703					

13 Describe in detail the activity of your business

RESTAURANT & BAR, FARMER'S MARKET PLACE

Type of Liquor License Applying for (If applicable)					
<input type="checkbox"/> Tavern/Bar	<input checked="" type="checkbox"/> Dining Room w/Beer and Wine Only	<input type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars	Will there be an Interim Management Agreement?			
		NO			

16	List number of slot machines (If applicable)	List number of table games (If applicable)
	<input type="checkbox"/> 1 cent _____ <input type="checkbox"/> 5 cent _____ <input type="checkbox"/> 25 cent _____ <input type="checkbox"/> 1.00 _____	<input type="checkbox"/> Craps _____ <input type="checkbox"/> Roulette _____ <input type="checkbox"/> Twenty-One _____ <input type="checkbox"/> Keno _____
	<input type="checkbox"/> Multi _____ <input type="checkbox"/> Poker _____ <input type="checkbox"/> Mega Buck _____	<input type="checkbox"/> Baccarat _____ <input type="checkbox"/> Race Book _____ <input type="checkbox"/> Sports Book _____ <input type="checkbox"/> Poker _____

17 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below:

N/A

Miscellaneous Information	Please answer this section if your business is <i>located</i> in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180	
	Is your business location zoned for this type of business <i>Y/BS</i>	Has a Special Use Permit been obtained for this business location <i>NO</i>
	Will you be installing any outdoor signs <i>YES</i>	Are there any existing signs of the property <i>NO</i>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <i>NO</i>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <i>NO</i>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <i>N/A</i>	

Rules and Regulations	<p>I, the undersigned understand that I cannot operate my business until my license is actually issued by this office indicating approval by all necessary city departments</p> <ul style="list-style-type: none"> • If any changes are made after completing said license application this office must be notified immediately and an updated is required. • A business license, liquor license, and/or gaming license are issued to a given owner at a SPECIFIC LOCATION and are NON-TRANSFERRABLE to a different owner or different location. • Non-payment of annual and quarterly business license, liquor license, and/or gaming license fees by the due date will result in applied penalties and is grounds for the revocation of the license. • Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation. <p>I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that failure to complete this form truthfully is an act of perjury.</p>
	<p>Applicant's Signature <u><i>[Signature]</i></u> Date <u><i>1/9/2018</i></u></p>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	<i>63.85</i>	Business License Annual Fee: <i>258.00</i>
Square Footage	<i>3225</i>	Business License Pro-rated Fee: <i>193.50</i>
Number of Employees <i>6</i>	<i>3690</i>	Business License Application/Update Fee: <i>25.00</i>
Health Fee	<i>125.00</i>	Liquor License Annual Fee: <i>600.00</i>
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: <i>500.00</i>
Number of Slot Machines		Liquor License Investigation Fee: <i>500.00</i>
TOTAL FEES DUE: <i>1263.50</i>		Gaming License Quarterly Fee:
Payment Type <i>MC 31011C</i>		Gaming License Application Fee:
Received By <i>MZ</i>	Date <i>1/10/18</i>	Fictitious Name Fee: <i>20.00</i>
Date Applicant Fingerprinted <i>1/11/18 3pm</i>	By	File #
		Health Pre-Inspection Fee: <i>25.00</i>